

Permit No. A. 11. Issued Saturday

No. A. 11

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

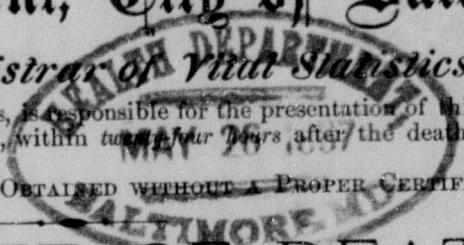
Permit No. A. 11.

Office of Registrar of Vital Statistics.

Ward 4 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

May 25-87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Martha Henderson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years,

10 Months,

Days.

Colored

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

10 Pantrys St.

Cause of Death, { First (Primary), Second (Immediate), }

Wmngt. Central

Eclampsia

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, Aberry Cem

Frank G. Krieger, M. D.

Date of Burial, May 26 1887

Medical Attendant.

{ Undertaker, William George

{ Place of Business, 150 East St. Address, 4 So. Eddy St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. A. 12

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A. 12

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 26 1887

## CERTIFICATE OF DEATH.

Date of Death, May 26<sup>th</sup> 87Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Tom H. CarterSex, Male or Female, { Cross out the word not required in this line. }

Age, About 35 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Coal heaver

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia -

Duration of Residence in the City of Baltimore, 26 years

Place of Death, { Give Street and Number. } Drowned accidentally at Grahams Coal Wharf - foot of Henry St.Cause of Death, { First (Primary), Second (Immediate), } Drowning, Asphyxia.

Duration of Last Sickness, Residence Hullville - Balto Co.

All the above information should be furnished by the Physician.

Place of Burial, Sharp Center

Date of Burial, May 25 1887

{ Undertaker, Herold Ross

{ Place of Business, 75 Lombard

J. J. Flannery  
Coroner

M. D.

Medical Attendant

Address, 1701 Dr. Hill ave.

## Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.*

[OVER.]

Permits for Burial

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A. 13.

Office of Registrar of Vital Statistics.

Ward

1<sup>st</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 24<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emerson Stokes,

Sex, Male or Female, { Cross out the word not required in this line. }

✓

Age, 58 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Shipping Merchant

Occupation,

Hope Maine

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

15 years.

Place of Death, { Give Street and Number. }

2211 E Pratt St

Cause of Death, { First (Primary), }

Frequent attacks of Acute Rheumatism

Second (Immediate),

Acute Rheumatic Carditis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Under treatment Sometime violent attack

lasting 36 hours,

Place of Burial, Greenmount Cem

Date of Burial, May 27 87

Undertaker, M. A. Bayne Atty

Place of Business, 229 S. Bryg.

J. Ridgeway Bidder M. D.

Medical Attendant.

Address, 1123 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit for Burials, to the

M. A. 14

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A. 14 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 30 Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary),  
Second (Immediate), Pathos. }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, May 27/88

{ Undertaker, Am. Burial Co. }

{ Place of Business, 915 Light }

Third and Carter

M. D.

Medical Attendant.

Address, 378 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Permits for Burials, to the Office of the Health Department, issued Saturday of each week.

No. A. 15

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A. 15 Office of Registrar of Vital Statistics. Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 25<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dina Busch

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 34 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } St. Joseph's Hospital

Cause of Death, { First (Primary), Tuberculosis  
Second (Immediate), Exhaustion }

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, 18th Almonce's Lane

Date of Burial, May 26 1887

{ Undertaker, W. Blotterup Jr. Oscar J. Cokroy M. D.  
Medical Attendant.

{ Place of Business, 709 Lombard Address, 624 W Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. a 16

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.  
Office of Registrar of Vital Statistics. Ward 11

Permit No. A 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 26 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

George Roden

Sex, Male or Female, { Cross out the word not required in this line. }

(or Kohda)

Age,

14 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

School Boy

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

On the main off Farnes Wharf Boston St.

Cause of Death, { First (Primary) Accidental Drowning  
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May 27 1887

{ Undertaker, G. France

{ Place of Business, Bantz &amp; Wolff

H. H. Rutherford M. D.

Medical Attendant

Address, 403 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Burials, to the Office whence issued *10. A. 17*

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. *A. 17* Office of Registrar of Vital Statistics. Ward *12*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

*May 25<sup>th</sup> 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Eliza D. McClellan*

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *47* Years, *11* Months, *15* Days.

Color, *White*

Married, Single, Willow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

*Baltimore*

Duration of Residence in the City of Baltimore,

*Life*

Place of Death, { Give Street and Number. }

*300 W. Lanvale*

Cause of Death, { First (Primary),  
Second (Immediate), }

*Epithelioma  
Exhaustion*

Duration of Last Sickness,

*about 18 mos*

All the above information should be furnished by the Physician.

Place of Burial, *Westminster Cemetery*

*Ph. S. Latimer*

*M. D.*

Medical Attendant.

Date of Burial, *27<sup>th</sup> May 1887*

Undertaker, *H. W. Jackson*

Place of Business, *No. 201 W. Lanvale*

Address, *1213 Eutaw Place*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.*

[OVER.]

to the Office whence issued, Saturday, May 27, 1887.

A. 18

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

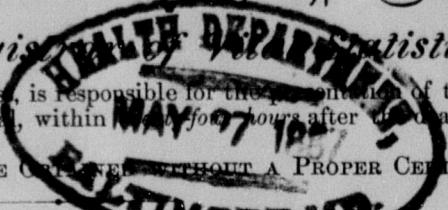
Permit No. A. 18.

Office of Registration of Vital Statistics.

Ward 20<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the correctness of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death,

May 26 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

May 26<sup>th</sup> 1887 Coates

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

27

Years,

Months,

Days

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balt

Duration of Residence in the City of Baltimore,

Liptrai

Place of Death, { Give Street and Number. }

1345 Myrtle avenue

Cause of Death, { First (Primary),  
Second (Immediate), }

apoplexy

Duration of Last Sickness,

six weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, May 28<sup>th</sup> 1887.

J. M. Luttmann

M. D.

Medical Attendant.

{ Undertaker,

{ Place of Business, 606 S. Charles St.

Address,

102 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit for Burials, to the Office of Vital Statistics, issued, Saturday of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A. 19

Office of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE ISSUED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 25 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Adelheit Brunkman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 74 — Years, — Months, — Days.

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Germany

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 45 yrs

Place of Death, { Give Street and Number. }

511 S. Howard St

Cause of Death, { First (Primary),  
Second (Immediate), }

Hepatitis

Duration of Last Sickness,

One Month

All the above information should be furnished by the Physician.

Place of Burial, Gilmour Cemetery

Date of Burial, May 27<sup>th</sup>

Undertaker, T. R. True

H. W. Webster, M. D.

Medical Attendant

Place of Business, 421 Hanover Street

106 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[over.]

No. A 20

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

## Health Department of the City of Baltimore.

Permit No. A 20

Office of Registration of Vital Statistics.

Ward

8  $\frac{1}{4}$ 

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A FEE CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 26, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Nora Clark.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22, Years, Months,

Day

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Howard Co. Md

Duration of Residence in the City of Baltimore, 12 months

Place of Death, { Give Street and Number. }

1805. Guilford Av

Cause of Death, { First (Primary),

Second (Immediate),

Acute Brain disease, probably

Duration of Last Sickness,

about 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 29<sup>th</sup> May 1887

{ Undertaker, H. W. Jenkins &amp; Sons }

{ Place of Business, 201 W. Saratoga St. }

F. J. Miles

M. D.

Medical Attendant.

Address, 514 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]